

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-470)

SERIAL NO.

APPLICANT(S)

FILING DATE

640288

8-16-00

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	W/O.	OEP.	W/O.	OEP.	W/O.	OEP.
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TOTAL W/O.	2					

	W/O.	OEP.	W/O.	OEP.	W/O.	OEP.
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TOTAL W/O.						
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